

SOME ASPECTS OF THE REPRODUCTIVE BEHAVIOUR OF IMMIGRANT WOMEN IN SPAIN

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Abstract

A diverse population of Third World and Eastern European immigrants now resides in Spain. Research was carried out to establish whether each of these migrant groups maintains its own reproductive patterns in the host country. This paper reports on five samples composed of 200 women originating from the Southern Cone, Central and South America, Africa, the Near East and Eastern Europe. Selected variables of the reproductive background were analysed: age at menarche, age at marriage, contraception, family size, child spacing, breast-feeding habits and post-partum amenorrhea.

Key words: reproductive behaviour, international migration, female bioanthropology, Spain.

Introduction

Women currently play a considerable role in international migrations, and female geographic mobility is no longer directly connected with family strategies (TAPINOS, 1990; CHAPMAN, 1991; BOIZMAN, 1993). It is becoming increasingly frequent for women to emigrate alone or with their children, without their husband (DAVID, 1990; MARRODAN et al., 1991; PEREDA and ACTIS, 1995; PIMENTEL, 1995).

The composition of the foreign population in Spain reveals an increasing proportion of women. In absolute numbers, we estimate that at the beginning of 1992 around 2000,000 women from the Third World and Eastern Europe were living in Spain. Two-thirds of these women are employed under legal, but unstable working conditions (MARRODAN and PRADO 1994). This situation creates new problems for the social services and the Spanish health authorities (Ministerio de Asuntos Sociales 1994). Plans have to be set in motion that are specifically aimed at the immigrant

communities. However, for these plans to be effective, it is necessary to have a previous knowledge of the needs, the epidemiological characteristics and the cultural norms of each community. Previous studies in Spain have demonstrated that migration involves socio-economic groups differing in origin, religion and ethnic culture. (EMBAK, 1994; GALLARDO, 1994; LOSADA, 1994; VARONA AND DAOLIO, 1994). The present work is focused on an investigation of whether reproductive traits likewise reflect the social features of female migration.

Through regional government financing (Autonomous Community of Madrid), our team is developing an investigation project on the bioanthropology of the immigrant women in Spain (PRADO et al., 1995). This paper presents preliminary results relating to some aspects of their reproductive pattern.

Subjects and methods

The sample comprises 200 adult women (married or single, but with a reproductive history) originating from the following regions:

- a) Southern Cone (Argentina, Chile and Uruguay);
- b) Central and South America (Peru, Colombia, Salvador, Cuba and the Dominican Republic);
- c) Africa (Equatorial Guinea and Somalia);
- d) the Near East (Iran and Iraq);
- e) Eastern Europe (the previous Czechoslovakia, Hungary, Russia and Poland).

The women studied were between 20 and 50 years old, with the following mean ages per group:

Africa: $X = 32.50$, $SD = 3.30$;

Central and South America: $X = 34.90$, $SD = 4.76$;

Southern Cone: $X = 35.23$, $SD = 3.89$;

the Near East: $X = 35.04$, $SD = 4.76$;

Eastern Europe: $X = 35.40$, $SD = 5.25$.

An interview was conducted with each individual. This provided retrospective information about reproductive traits, socio-economic characteristics and educational levels. The questionnaire summarized data about place and date of birth, numbers of brothers and sisters, birth rank, educational studies, employment before migration, date and circumstances of arrival in the host country, initial and subsequent working activities in Spain, etc. Questions relating to the standard of living and medical assistance were also included. The survey of the reproductive history extended to the age at menarche, the age at marriage, the type of union, the waiting time until the first birth, successive pregnancies with their outcomes, the sex of the children, the conditions of parturition, the duration of lactation, contraceptive practices and menstrual characteristics, the age at menopause and the incidence of menopausal syndromes. In this paper, we analyse in particular the following variables: the age at menarche, the age at marriage, the use of contraceptive methods, the family size, foetal losses, motherhood out of marriage, child spacing, breast-feeding habits and post-partum amenorrhea.

For the statistical processing, the BMDP (1987) programme was used. The multiple comparison of means was performed with the STUDENT-NEWMAN-KEULS test (SOKAL and ROHLF, 1981).

Results and discussion

The sample showed a wide range as concerns the professional and educational levels. A higher incidence of university studies was observed for women from East Europe (64.0%) and South America (43.6%), reflecting a highly qualified migration

group whose target was not exclusively economic. Lower educational levels were found for African women, among whom 8.3% proved to be illiterate, and none of them in our sample had a university degree. In the same way, deficient schooling was observed among the Near East subsample, with 7.1% of illiterates. If we consider how these women were remunerated in their natives countries before moving to Spain, it is evident that a different social pressure was originally acting on them. In accordance with this situation, the African and Near East women in Spain are housewives or non-qualified workers, whereas those coming from Europe and America basically have an administrative status.

Table 1. Reproductive traits in immigrants women residing in Spain.

	Southern cone		C. South America		Africa		Near east		Eastern Europe	
	Mean	S.d.	Mean	S.d.	Mean	S.d.	Mean	S.d.	Mean	S.d.
age at menarche (Years)	12.88	0.86	13.12	1.03	14.37	1.11	13.20	1.14	12.90	0.94
age at marriage (Years)	23.55	6.12	22.68	3.44	20.69	3.20	21.66	3.48	23.66	5.40
menarche-marriage period (Months)	10.65	3.99	9.44	3.35	6.62	5.50	8.38	4.88	10.61	2.71
marriage - 1st birth (Months)	13.60	8.08	17.28	9.21	28.44	6.94	22.20	9.45	16.85	9.59
1st - 2nd birth (Months)	30.78	10.44	31.04	9.00	29.90	8.48	29.39	14.24	27.53	13.80
2nd - 3rd birth (Months)	40.15	12.01	28.41	10.73	24.00	12.50	27.09	8.36	41.00	16.13
3rd - 4th birth (Months)	37.00	13.20	29.92	14.35	30.25	13.60	45.60	15.23	46.00	17.32
family size (N° children)	1.25	1.03	2.62	1.45	2.85	0.68	2.81	0.53	1.58	0.42
breast-feeding duration (Months)	4.31	3.50	8.46	3.09	12.81	3.20	14.66	5.69	5.10	3.63
post-partum amenorrhea (Months)	3.04	3.68	7.82	6.80	10.44	3.15	9.38	4.95	4.37	2.80
single mothers (%)	12.50		7.500		6.00		0.00		13.00	
married women without children (%)	19.62		13.00		6.00		0.00		15.00	
contraceptive users (%)	67.00		47.00		20.00		48.12		54.50	
foetal losses/woman (%)	0.20		0.28		0.07		0.23		0.55	

Table 1 lists results of the analysis events. The age at marriage seems to be conditioned more by sociocultural factors than by the biological fact that starts the reproductive period. Interestingly, the marital age displayed an inverse relation with the age at menarche. For instance, the women from the Southern Cone, who have the earliest menarche, marry the latest. On the other hand, the African women, who present the oldest menarcheal age, are the youngest in getting married. In fact, in the subsample from Africa, we found several cases of marriage before menarche.

If we consider the proportion of married women without children, we find differences among the five immigrant groups. 19.62% of the women from the Southern Cone do not have children, but there are no childless Muslim women from the Near East. Evidently, the proportion of married women without children emphasizes the distinct "reproductive mission" assigned socially to the women through marriage.

Maternity outside marriage is also an indicator of social permissivity among distinct cultural environments. We found the highest proportion of single mothers

among the Eastern Europe (13%) and the Southern Cone (12.59%) groups. The percentage was lower among the women from Central and South America (7.5%), and we found no cases of single mothers originating from Iran or Iraq. On the other hand, 6% of the African women who had one or more children were single, though it should be noted that two-thirds of them married later. Unmarried mothers are not handicapped in any way in any of the societies. In fact, among Fang women from Guinea, for example, child-bearing is a guarantee of fertility, making it easier for a single mother to obtain a husband (SAINZ DE LA MAZA and GONZALEZ KIRCHNER, 1995).

The African immigrants have the largest families, with an average of 2.85 children per woman, followed by women from the Near East (2.81), Central and South America (2.62), Eastern European countries (1.58) and the Southern Cone (1.25). Two factors condition the family size: lactation and the use of contraceptive methods. In our survey, all of the African children, 99% of the children of the women from the Near East and 91% of the children of Central and South American women are breast-fed. The proportion of breast-feeding falls to 72% and 70% for the groups of mothers from Eastern Europe and the Southern Cone, respectively.

The duration of breast-feeding was longer than a year for the children of the Near East women (14.66 months) and the Africans (12.81 months). The Central and South American women breast-fed their children for an average of 8.46 months. The shortest breast-feeding periods were for the Eastern Europeans (5.17 months) and the Latin Americans from the Southern Cone (4.31 months). The period of post-partum amenorrhea exhibited identical tendencies. The duration of lactational infecundity was always less than the duration of breast-feeding. Surprisingly, amongst the women from the Near East amenorrhea (9.38 months) was on average 5 months shorter than the breast-feeding period (14.66 months). Nevertheless, it should not be forgotten that, although in general amenorrhea is prolonged when breast-feeding is practised, its duration depends on various factors, known and unknown: the morphophysiological and nutritional status of the woman at birth, the intensity of breast-feeding, etc. (HABITCH et al., 1985; LUNN, 1988; BERTRAND et al., 1990).

Those who use effective methods of contraception most frequently are the immigrants from the Southern Cone, with 67% of users, of whom 55% use oral contraceptives, 29% an I.U.D. and the remainder other methods, such as the diaphragm, condoms, etc. In contrast, only 20% of African women use contraceptives. They always use the pill, a habit they began in Spain.

In the African collective, the Near East and the Central and South American groups, all of the foetal losses were due to spontaneous miscarriages, whereas in the groups from the Southern Cone and Eastern Europe 25% and 58% of these losses were declared to be due to induced abortion. The highest abortion rate, for the European collective, can be considered to reflect a frequent "method" of contraception.

After marriage, the maximum waiting time before the first child was observed for the African women (28.44 months) and those from the Near East (22.20 months). Both groups married at the youngest age and had the shortest interval between menarche and marriage. This relatively long waiting period is possibly due to physiological conditions

rather than a voluntary desire not to conceive. However, the shorter protogenesic interval (from marriage to first birth) was observed among the women from the Southern Cone, who marry later. It can be deduced from this that a marriage takes place if the couple immediately plan to start a family.

The child spacing displays a tendency to a rhythmic reproduction (with regular genesic gaps) among the African women, those from the Near East and the Central and South Americans. In the Eastern Europeans and the natives of the Southern Cone, the option appears to be a shortening of the effective reproductive period, with intervals of longer duration between successive births.

Table 2. Multiple comparison of reproductive variables among immigrant groups. (STUDENT-NEWMAN-KEULS test)

Mean of: Age at marriage (years)	Eastern Europe 23.66	Southern Cone 23.55	C.South America 22.68	Near East 21.66	Africa 20.69
	N.S.		X	N.S.	
Mean of: Menarche-marriage period (months)	Southern Cone 10.65	Eastern Europe 10.61	C.South America 9.54	Near East 8.38	Africa 6.62
	N.S.		X	X	
Mean of: Marriage-1st birth (months)	Africa 28.44	Near East 22.2	C.South America 17.28	Eastern Europe 16.85	Southern Cone 13.60
	N.S.		X	N.S.	
Family size (child number on average)	Africa 2.85	Near East 2.81	C.South America 2.62	Eastern Europe 1.58	Southern Cone 1.25
	N.S.		X	N.S.	
Breast-feeding (months)	Near East 14.66	Africa 12.81	C.South America 8.46	Eastern Europe 5.10	Southern Cone 4.31
	N.S.		X	X	N.S.

N.S.: not significant differences; X: significant differences between clusters

The test of STUDENT-NEWMAN-KEULS for selected variables of reproductive background revealed significant differences among the five immigrant collectives (Table 2). These indicate two reproductive models. One is for the Eastern Europeans and the natives of the Southern Cone: a marital age above 23 years, a menarche - marriage period longer than 10 years, a short protogenesic interval, small families of less than 2 children and breast-feeding of less than 6 months on average. The second model is that of the Central and South Americans, the women from the Near East and the Africans. It is characterized by marriage before 22 years of age, a menarche - marriage period of less than 9.5 years, a relatively long marriage - first birth interval, a family size of more than 2 children and a breast-feeding period of more than 1 year.

Conclusions

The immigrant females in Spain exhibit reproductive behaviour reflecting the social development and cultural traditions of the geographic areas of origin. After moving, some changes occur: the discovery of new methods of contraception, a reduction of breast-feeding by women at work, etc. The phenomenon of culturization, which may be drastic in some cases, can eventually alter the balance of the reproductive pattern of each population in certain respects. This should be taken into consideration at the time of planning social action aimed at demographic control and health protection of immigrant groups in the host country.

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